

January 23, 2017

CELA

2017 FEB -8 PM 2:30

FEDERAL ELECTION COMMISSION

Federal Elections Commission
Attn: Ruth Heilizer, Attorney
999 E Street, NW
Washington, D.C. 20463
Attention: Enforcement Division

MUR # 7213

Dear Ms Heilizer:

Thank you for your note dated November 30, 2016. Please see the below complaint regarding Labor United for Connecticut's (LUC) clear violation of the Federal Election law within the State of Connecticut. In looking at the required state filings for LUC, the committee was closed on December 6, 2016. For your information, according to state filings, which are attached, LUC treasurer and chairperson was listed as Paul Filson throughout the time of complaint as no official paperwork was filed with Connecticut's State Elections Enforcement Committee.

Here is a resubmittal of my complaint properly notarized and signed.

My name is J.R. Romano and I am the Chairman of the Connecticut Republican Party. I am writing today regarding a clear violation of Federal Election law within the state of Connecticut.

The Independent Expenditure Only Political Committee, Labor United for Connecticut paid for digital advertising displayed on October 26, 2016 disparaging Republican Presidential candidate Donald Trump.

This political committee, led by Paul Filson, 20 Beverly Road, West Hartford, CT 06119 (who acted as both the chairman and the treasurer) is a state committee. They raised money to benefit state candidates and used those funds to purchase this anti Donald Trump media piece.

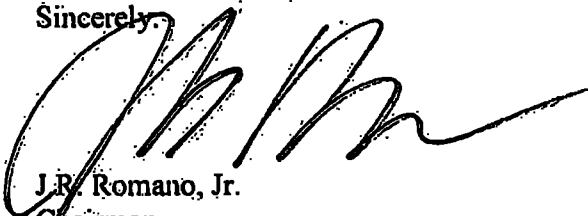
It is my understanding that when we are in a federal election, which 2016 was considered, all monies expended on behalf of support or opposition to a federal candidate must be spent with federal dollars.

After \$1,000 has been spent in support or opposition a federal Political Action Committee must be established. To my knowledge, no such PAC was created and this digital advertisement was spent with dollars specific to defeating state candidates.

This is a clear and blatant violation of federal law and on behalf of the Connecticut Republican Party I am filing a formal complaint with your office and asking that an investigation into this matter be conducted.

The integrity of our election laws are at stake and your prompt attention to this matter would be greatly appreciated.

Sincerely,



J.R. Romano, Jr.

Chairman

Connecticut Republican Party

State of Connecticut: County of Hartford

Subscribed and sworn to before me on this 23rd day of January, 2017.




MICHAEL ARGENTO

NOTARY PUBLIC

MY COMMISSION EXPIRES AUG 31, 2017

Democratic incumbent Dante Bartolomeo as a close ally of the governor; big red signs urge voters to "Stop Malloy Tax Hikes" by voting for Suzio.



**Stop Donald Trump and Republican William
Petri's attack on women and families
Vote on 11/8**

ADVERTISEMENT

"He's trying to make me into that person, which I'm not," Bartolomeo said. Suzio's approach is ironic, she said, because she has bucked the governor on a number of key issues, including a criminal justice policy that allows inmates to earn

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016**

**Electronic Filing**Do Not Mark In This Space For Official Use Only

Page 1 of 18

COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Labor United for Connecticut			
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT			
Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original			
6. PERIOD COVERED			
Beginning Date 10/31/2016		Ending Date 12/06/2016	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE)	Paul Filson PRINT NAME OF SIGNER	12/07/2016 9:48:22PM DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
 For Independent Expenditure Political Committees
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$103,364.26	
10. Monetary Receipts (Section A and B)	\$6,071.32	\$178,071.32
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$6,071.32	\$178,071.32
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$109,435.58	\$198,071.32
14. Expenses Paid by Committee (Section G)	\$109,435.58	\$198,071.32
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$0.00	\$0.00
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Pol

A. Total Contributions from Small Individual Contributors-Received this Period ONLY (See instructions for definition of Small Individual Contributor)	Subtotal Section A	\$0.00
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B. Itemized Monetary Receipts

Name SEIU				
Street Address 1800 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous		
<input type="checkbox"/> Committee <input checked="" type="checkbox"/> Affiliated Organization		<input type="checkbox"/> Reimbursement for Shared Expense <input checked="" type="checkbox"/> Contribution from Affiliated Treasury		
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$6,071.32	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$6,071.32	
Description (if applicable) Contribution		Date Received 11/01/2016		\$6,071.32
Total of Section B				\$6,071.32
TOTAL OF ALL RECEIPTS (Sections A & B)				\$6,071.32

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original

C. Loans Received this Period

Name of Lender		Source of Loan:		Date of Receipt
		<input type="checkbox"/> Bank	<input type="checkbox"/> Individual	<input type="checkbox"/> Committee
		<input type="checkbox"/> Other		
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Total of Section C				

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - October

D. In-Kind Contributions

Name			
Street Address		City	State
Zip Code			
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received
Other	Affiliated Business Entity	Affiliated Organization	Aggregate Receipts
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Yes No
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution	Fair Market Value of this Contribution
If yes, list Event#			

Total of Section D:

I. Receipts (Sections A - E)

NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - October

E. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

Total of Section E:

II. EVENT ACTIVITY (Sections F)**NAME OF COMMITTEE (As reported on Page I, Line I)****TYPE OF REPORT**

Labor United for Connecticut

Termination Report for Independent Expenditure
Political Action Committees (Non Standard) -
Ordinary**F. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event?	
			Yes	No
Location: Street Address		City	State	Zip Code

UNIVERSITY MICROFILMS

III. EXPENDITURES (Sections G-D)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Act	
G. Expenses Paid By Committee					
Name of Payee TD Bank			Date of Payment 11/01/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee		Event #	
If yes, complete Section G. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK		Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Amount \$15.00	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	
Name of Payee TD Bank			Date of Payment 11/23/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee		Event #	
If yes, complete Section G. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK		Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Amount \$30.00	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

2016-11-01 10:00:00

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

G. Expenses Paid By Committee

Name of Payee TD Bank		Date of Payment 11/30/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee		Event #	
If yes, complete Section G. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$2.00	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		
Name of Payee Connecticut Healthcare District 1199		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Huyshope Ave		City Hartford		State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of contribution		Event #	
If yes, complete Section G. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$22,090.75	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

G. Expenses Paid By Committee

Name of Payee UAW Education Fund		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 E Jefferson		City Detroit	State MI	Zip Code 48214
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="margin-left: 100px;">If yes, complete Section G. Addendum</div>		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$16,568.06
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

Name of Payee SEIU Local 32BJ PAC		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 196 Trumbull		City Hartford	State CT	Zip Code 06103
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="margin-left: 100px;">If yes, complete Section G. Addendum</div>		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$16,568.06
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1):	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act
G. Expenses Paid By Committee	

Name of Payee SEIU CT State Council		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1015 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Capitol Ave		City Hartford	State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$16,568.06
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I Number If yes, what is the expenditure number of the expense previously incurred?		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

Name of Payee Congress of Connecticut Community Colleges		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1016 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 907 Wethersfield Ave .		City Hartford	State CT	Zip Code 06114
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$11,045.37
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I Number If yes, what is the expenditure number of the expense previously incurred?		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1):	TYPE OF REPORT
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Labor United for Connecticut

Termination Report for Independent Expenditure Political Act

G. Expenses Paid By Committee

Name of Payee CSEA		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1017 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 760 Capitol Ave		City Hartford		State CT	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$11,045.37	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		

Name of Payee CEUI		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1018 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 110 Randolph Rd		City Middletown		State CT	Zip Code 06457
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5,522.69	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		

III. EXPENDITURES (Sections G--J)							
NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYPE OF REPORT		
Labor United for Connecticut					Termination Report for Independent Expenditure Political Act		
G. Expenses Paid By Committee							
Name of Payee Connecticut State University-AAUP				Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1019 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Marcus White 316			City New Britain		State CT		Zip Code 06050
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution			Event #	
If yes, complete Section G. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF		Expenditure Number Section G Number		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Amount \$5,522.69	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning			
Name of Payee SEIU				Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1800 Massachusetts Ave NW			City Washington		State DC		Zip Code 20036
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution			Event #	
If yes, complete Section G. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF		Expenditure Number Section G Number		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Amount \$3,352.99	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning			

III. EXPENDITURES (Sections G - J)									
NAME OF COMMITTEE (As reported on Page 1, Line 1)						TYPE OF REPORT			
Labor United for Connecticut						Termination Report for Independent Expenditure Political Act			
G. Expenses Paid By Committee									
Name of Payee CPFU PAC					Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1021 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 50 Columbus Blvd				City Hartford		State CT		Zip Code 06106	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum			Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution				Event #		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)						Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF		Expenditure Number Section Number G REF		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$1,104.54	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section Number I		Final or Full Payment <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owed			
Total of Section G								\$109,435.58	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Ordinary	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa MasterCard Discover American Express Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section H. Addendum Yes No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H		Associated with Referendum? Yes No	Amount
Total of Section H:					

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III. EXPENDITURES (Sections G.-J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original	
I. Expenses Incurred By Committee but Not Paid During This Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?			Description		Event #
Yes	No	If yes, complete Section I. Addendum.			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number		Associated with Referendum?	Amount
Yes No		I		Yes No	
Total of Section I.					

III. EXPENDITURES (Sections G - J).

NAME OF COMMITTEE (As reported on Page 1, Line 1).				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original	
J. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G		
			Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Section J. Addendum		Description		Event #	
Yes No					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number		Associated with Referendum? Yes No	Amount
Yes No		J			
Total of Section J					

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Action Committees (Non Standard) -	
K. Five Largest Contributions Disclosed in Communication					
Source of Contribution - Name of Person Making Contribution				Expenditure Number Section Number	
Address of Person Making Contribution - City				State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution				Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees <small>(Non-Standard - Optional)</small>
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
G. Expenses Paid By Committee - Addendum			
Expenditure Number as reported in Section G	Total Amount of the Expenditure		
G			
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section H: ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
H: Expenses Incurred on Committee Credit Card - Addendum			
Expenditure Number as reported in Section H	Total Amount of Expenditure		
H			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I: ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
I: Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I	Total Amount of the Expenditure		
I			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J: ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 3)		TYPE OF REPORT	
J. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure Number as reported in Section J		Total Amount of the Expenditure	
J			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

SECTION J: ADDENDUM

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

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COVER PAGE

1. NAME OF COMMITTEE Labor United for Connecticut		2. ELECTION/REFERENDUM DATE	
3. TREASURER NAME First: Paul, MI, Last: Filson, Suffix:			
4. TREASURER ADDRESS Street Address: 20 Beverly Rd, City: West Hartford, State: CT, Zip Code: 06119			
5. TYPE OF REPORT 24 Hour Independent Expenditure General Election 3 - Original			
6. PERIOD COVERED Beginning Date: 10/15/2016, Ending Date: 10/20/2016, thru			
7. CERTIFICATION <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof. Electronic Filing: Paul Filson, 10/21/2016 11:41:51AM TREASURER OR DEPUTY TREASURER (SIGNATURE): PRINT NAME OF SIGNER, DATE CERTIFIED (mm/dd/yyyy)			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure General Election 3 - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$133,224.04	
10. Monetary Receipts (Section A and B)	\$0.00	\$162,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$0.00	\$162,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$133,224.04	\$182,000.00
14. Expenses Paid by Committee (Section G)	\$6,686.50	\$55,462.46
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$126,537.54	\$126,537.54
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

A. Total Contributions from Small Individual Contributors-Received this Period ONLY

Subtotal Section A

(See instructions for definition of Small Individual Contributor)

B. Itemized Monetary Receipts

Name									
Street Address				City		State		Zip Code	
Principal Occupation (if applicable)					Name of Employer (if applicable)				
Source Type:		Individual/Sole Proprietorship		Committee		Other		Type of Receipt:	
Bank		Affiliated Business Entity		Affiliated Organization				Contribution	
								Reimbursement for Shared Expense	
								Contribution from Affiliated Treasury	
								Miscellaneous	
Is this receipt associated with an event reported in Section F?		Yes		Method of Receipt		Cash		Check	
								EFT	
If yes, list Event #		No		Credit/Debit Card		Payroll Deduction		Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes		Is contributor a state contractor, prospective state contractor or principal thereof?		Yes		No	
				If yes, indicate which branch or branches of government the contract is with:		Executive		Legislative	
Description (if applicable)						Date Received		Amount Received	
Total of Section B									
TOTAL OF ALL RECEIPTS (Sections A & B)								(Total on Line 10 of Summary Page)	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 3 - Original	
C. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank Individual Committee Other			
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)					Is there a cosigner or Guarantor of this loan?
					Yes No
Street Address					Amount Received
City					
State					
Zip Code					
Total of Section C					

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 3 - Original

D. In-Kind Contributions

Name			
Street Address		City	State
			Zip Code
Type of Contributor:		Date Received	Aggregate Receipts
Individual / Sole Proprietorship	Committee		
Other	Affiliated Business Entity	Affiliated Organization	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F7?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			

Total of Section D**I. Receipts (Sections A - E)**

NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 3 - Original

E. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Total of Section E			

II. EVENT ACTIVITY (Sections F)**NAME OF COMMITTEE (As reported on Page 1, Line 1)****TYPE OF REPORT**

Labor United for Connecticut

24 Hour Independent Expenditure General
Election 3 - Original**F. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code

UNIVERSITY MICROFILMS

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 3 - Origir

G. Expenses Paid By Committee

Name of Payee Red Horse Strategies		Date of Payment 10/20/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Washington St		City Brooklyn		State NY	Zip Code 11201
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Poll			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) POLLS		Expenditure Number Section G Number 226860	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$6,646.50
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owng		

Name of Payee TD Bank		Date of Payment 10/20/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St .		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK		Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$25.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owng		

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1) Labor United for Connecticut				TYPE OF REPORT 24 Hour Independent Expenditure General Election 3 - Origir	
G. Expenses Paid By Committee					
Name of Payee TD Bank			Date of Payment 10/20/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> RFT
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - If more than one, Complete Section G. Addendum) Bank Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$15.00	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what is the expenditure number of the expense previously incurred? Section I Number	Expenditure Number Section Number	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
Total of Section G				\$6,686.50	

100-47140-1-1

III. EXPENDITURES (Sections G-J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 3 - Original	
H. Expenses Incurred on Committee Credit Card					
Name of Lending Institution			Type of Credit Card:		
			Visa Master Card Discover American Express Other		
Name of Vendor, Person, or Entity				Date of Transaction	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number	Associated with Referendum?		Amount
Yes No		H	Yes No		
Total of Section H					

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 3 - Original	
I. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I Addendum			Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - If more than one, Complete Section I Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number I	Associated with Referendum? Yes No		Amount
Total of Section I					

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 3 - Original	
J. Itemization of Reimbursements and Secondary Payees.					
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G		
			Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? Yes No If yes, complete Section I. Addendum		Description		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number J		Associated with Referendum? Yes No	Amount
					Total of Section J

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 3 - Original	
K. Five Largest Contributions Disclosed in Communication					
Source of Contribution - Name of Person Making Contribution				Expenditure Number Section Number	
Address of Person Making Contribution - City				State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution				Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line D)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 3 - Original
L: "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

20180727 14:00

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT
Labor United for Connecticut		24 Hour Independent Expenditure General Election 3 - Original
G. Expenses Paid By Committee - Addendum		
Expenditure Number as reported in Section G	Total Amount of the Expenditure	
G 226660	\$6,646.50	

Description Poll			Expenditure Code POLLS
Name of Candidate Saud Anwar	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$761.36
Description Poll			Expenditure Code POLLS
Name of Candidate Elizabeth "Betty" A Boukus	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$761.36
Description Poll			Expenditure Code POLLS
Name of Candidate Christine Conley	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$761.36
Description Poll			Expenditure Code POLLS
Name of Candidate Susan C Eastwood	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$761.36
Description Poll			Expenditure Code POLLS
Name of Candidate Laura E Bartok	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$761.36

Description Poll			Expenditure Code POLLS
Name of Candidate Sean P Ronan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$761.36

Description Poll			Expenditure Code POLLS
Name of Candidate Tim Curtis	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$761.36

Description Poll			Expenditure Code POLLS
Name of Candidate Mae M.E. Flexer	Office Sought (if applicable) State Senator	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,316.98

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H

H

Total Amount of Expenditure

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I: ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I I		Total Amount of the Expenditure	
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J: ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
J. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure Number as reported in Section J J		Total Amount of the Expenditure	
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

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**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016**

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COVER PAGE

1. NAME OF COMMITTEE Labor United for Connecticut		2. ELECTION/REFERENDUM DATE	
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT 24 Hour Independent Expenditure General Election 2 - Original			
6. PERIOD COVERED			
Beginning Date 10/14/2016		Ending Date thru 10/14/2016	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE)	Paul Filson PRINT NAME OF SIGNER	10/17/2016 5:10:15PM DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$103,224.04	
10. Monetary Receipts (Section A and B)	\$30,000.00	\$162,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$30,000.00	\$162,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$133,224.04	\$182,000.00
14. Expenses Paid by Committee (Section G)	\$0.00	\$48,775.96
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$133,224.04	\$133,224.04
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2

A: Total Contributions from Small Individual Contributors-Received this Period ONLY

Subtotal Section A

\$0.00

(See instructions for definition of Small Individual Contributor)

B. Itemized Monetary Receipts

Name UAW Education Fund				
Street Address 800 E Jefferson		City Detroit	State MI	Zip Code 48214
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		<input checked="" type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization		
Type of Receipt: <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous		<input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury		
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$30,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$30,000.00
Description (if applicable) Contribution		Date Received 10/14/2016		\$30,000.00
Total of Section B				\$30,000.00
TOTAL OF ALL RECEIPTS (Sections A & B)				\$30,000.00

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original

C. Loans Received this Period

Name of Lender		Source of Loan:		Date of Receipt	
		<input type="checkbox"/> Bank	<input type="checkbox"/> Individual	<input type="checkbox"/> Committee	<input type="checkbox"/> Other
Street Address		City	State	Zip Code	Is there a cosigner or guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Total of Section C					

L RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original
D. In-Kind Contributions	

Name			
Street Address		City	State
Zip Code			
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received
Other	Affiliated Business Entity	Affiliated Organization	Aggregate Receipts
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution	
If yes, list Events			

Total of Section D**L Receipts (Sections A - E)**

NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original
E. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Amount of Deposit			
Name of Telephone company			
Street Address	City	State	Zip Code
Total of Section E			

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original

F. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original

G. Expenses Paid By Committee

Name of Payee		Date of Payment	Method of Payment Check # Debit Card EFT	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)		Event #
If yes, complete Section G. Addendum				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section Number G	Associated with Referendum? Yes No	Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section Number I	Final or Full Payment Partial with Balance Owning		

Total of Section G

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 2 - Original	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum):			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number		Associated with Referendum? Yes No	Amount
		H			
Total of Section H					

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 2 - Original	
I. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum		Description		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - If more than one, Complete Section I. Addendum)				Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No	Amount
Total of Section I					

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G		
			Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate?		Description		Event #	
Yes No If yes, complete Section J, Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J, Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J, Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?	Amount
Yes No		Section	Number	Yes No	
		J			
Total of Section J					

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number	
	Section	Number
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 2 - Original
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section Number	
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
G. Expenses Paid By Committee - Addendum	
Expenditure Number as reported in Section G G	Total Amount of the Expenditure

Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section H. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
H. Expenses Incurred on Committee Credit Card - Addendum			
Expenditure Number as reported in Section H	Total Amount of Expenditure		
H			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I	Total Amount of the Expenditure		
I			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
J. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure Number as reported in Section J		Total Amount of the Expenditure	
J			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

UNCLASSIFIED

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016**

**Electronic Filing***Do Not Mark in This Space For Official Use Only*

Page 1 of 19

COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Labor United for Connecticut			
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT			
24 Hour Independent Expenditure General Election - Original			
6. PERIOD COVERED			
Beginning Date 10/01/2016		Ending Date 10/13/2016	
		thru	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE)	Paul Filson PRINT NAME OF SIGNER	10/14/2016 1:28:09PM DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$20,000.00	
10. Monetary Receipts (Section A and B)	\$132,000.00	\$132,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$132,000.00	\$132,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$152,000.00	\$152,000.00
14. Expenses Paid by Committee (Section G)	\$48,775.96	\$48,775.96
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$103,224.04	\$103,224.04
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Labor United for Connecticut	TYPE OF REPORT 24 Hour Independent Expenditure General Election -
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A. Total Contributions from Small Individual Contributors-Received this Period ONLY

Subtotal Section A

\$0.00

(See instructions for definition of Small Individual Contributor)

B. Itemized Monetary Receipts

Name CPFU -PAC			
Street Address 50 Columbus Blvd		City Hartford	State CT
Zip Code 06106			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	
<input checked="" type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization		<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) Contribution		Date Received 10/12/2016	
		Aggregate Receipts \$2,000.00	
		Amount Received \$2,000.00	

Name Congress of Connecticut Community Colleges			
Street Address 907 Wethersfield Ave		City Hartford	State CT
Zip Code 06114			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	
<input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Affiliated Organization		<input type="checkbox"/> Reimbursement for Shared Expense <input checked="" type="checkbox"/> Contribution from Affiliated Treasury	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) Contribution		Date Received 10/08/2016	
		Aggregate Receipts \$20,000.00	
		Amount Received \$20,000.00	

Name SEIU Local 328J PAC			
Street Address 196 Trumbull		City Hartford	State CT
Zip Code 06103			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) Contribution		Date Received 10/07/2016	Aggregate Receipts \$30,000.00 Amount Received \$30,000.00

Name Connecticut State Employees Assoc.			
Street Address 760 Capitol Ave		City Hartford	State CT
Zip Code 06106			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) contribution		Date Received 10/06/2016	Aggregate Receipts \$10,000.00 Amount Received \$10,000.00

Name Connecticut Healthcare District 1199			
Street Address 77 Huyshope Ave .		City Hartford	State CT
Zip Code 06106			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) Contribution		Date Received 10/05/2016	Aggregate Receipts \$40,000.00 Amount Received \$40,000.00

Name Connecticut State University American Assoc. of Univ Profs			
Street Address CCSU Marcus White 316		City New Britain	State CT
Zip Code 06050			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) Contribution		Date Received 10/05/2016	Aggregate Receipts \$10,000.00 Amount Received \$10,000.00

Name CEUI			
Street Address 110 Randolph Rd		City Middletown	State CT
Zip Code 06457			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$10,000.00
If yes, list Event #			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount Received
Description (if applicable) Contribution	Date Received 10/05/2016	\$10,000.00	

Name CEUI			
Street Address 110 Randolph Rd		City Middletown	State CT
Zip Code 06457			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$10,000.00
If yes, list Event #			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount Received
Description (if applicable) Contribution	Date Received 10/05/2016	\$10,000.00	

Total of Section B		\$132,000.00
TOTAL OF ALL RECEIPTS (Sections A & B) (Total on Line 10 of Summary Page)		\$132,000.00

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Original

C. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt
		Bank	Individual	Committee	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?		
				Yes		No
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address	City	State	Zip Code			
Total of Section C						

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Original

D. In-Kind Contributions

Name					
Street Address		City		State	Zip Code
Type of Contributor:		Date Received		Aggregate Receipts	
Individual / Sole Proprietorship	Committee				
Other	Affiliated Business Entity	Affiliated Organization			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof?			Fair Market Value of this Contribution
		If yes, indicate which branch or branches of government the contract is with: Executive Legislative			
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution			
If yes, list Event#					
Total of Section D					

1-800-441-1000

I. Receipts (Sections A - E)

NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Original
E. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section E				

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Labor United for Connecticut		24 Hour Independent Expenditure General Election - Original	
F. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code

III. EXPENDITURES (Sections G - J)**NAME OF COMMITTEE (As reported on Page 1, Line 1)****TYPE OF REPORT**

Labor United for Connecticut

24 Hour Independent Expenditure General Election - Original

G. Expenses Paid By Committee

Name of Payee TD Bank		Date of Payment 10/01/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Checking account fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$25.95	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		
Name of Payee DKC		Date of Payment 10/13/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 261 5th Ave		City New York		State NY	Zip Code 10016
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Digital Ads			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) A-OTH	Expenditure Number Section G 223719	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$48,750.01	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		
Total of Section G					\$48,775.96

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election - Original	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City		State Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H	Associated with Referendum? Yes No		Amount
Total of Section H					

III. EXPENDITURES (Sections G - J)						
NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYPE OF REPORT	
Labor United for Connecticut					24 Hour Independent Expenditure General Election - Original	
1. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor					Date Incurred	
Street Address				City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum			Description		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)				Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum Yes No		Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No	
Total of Section I						

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election - Original	
J. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G		
			Check #	Debit Card	HFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Section J. Addendum		Description		Event #	
Yes No					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?	Amount
Yes No		Section J	Number	Yes No	
Total of Section J					

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election - Original	
K. Five Largest Contributions Disclosed in Communication					
Source of Contribution - Name of Person Making Contribution				Expenditure Number	
				Section	Number
Address of Person Making Contribution - City				State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution				Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Original
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

2025 RELEASE UNDER E.O. 14176

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

24 Hour Independent Expenditure General Election - Original

G. Expenses Paid By Committee - Addendum

Expenditure Number as reported in Section G	
G	223719

223719

Total Amount of the Expenditure	
	\$48,750.01

\$48,750.01

Description
Digital ads

A-OTH

Name of Candidate
Saud Anwar

State Representative

<input checked="" type="checkbox"/>	Supported
<input type="checkbox"/>	Opposed

Amount Allocated	\$1,060.36
------------------	------------

\$1,060.36

Description
Digital ads

A-OTH

Name of Candidate

Tom Delnick

State Representative

☐ Supported

☒ Opposed

Amount Allocated	\$2,121.71
------------------	------------

\$2,121.71

Description
Digital ads

A-OTH

Name of Candidate
Elizabeth "Betty" A Boukus

State Representative

☒ Supported

☐ Opposed

Amount Allocated	\$1,055.82
------------------	------------

\$1,055.82

Description
Digital ads

A-OTH

Name of Candidate

William A Petit Jr

State Representative

☐ Supported

☒ Opposed

Amount Allocated	\$2,112.63
------------------	------------

\$2,112.63

Description
Digital ads

A-OTH

Name of Candidate

Joshua C Shulman

State Representative

☒ Supported

☐ Opposed

Amount Allocated	\$1,050.12
------------------	------------

\$1.050.12

Description Digital ads			Expenditure Code A-OTH
Name of Candidate Gary P Byron	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,101.23
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Sharon M Palmer	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,129.08
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Kathleen M McCarty	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,259.17
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Christina Conley	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$855.65
Description Digital ads			Expenditure Code A-OTH
Name of Candidate John Scott 2016	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,712.31
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Joe De La Cruz 2016	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,027.31
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Aundre P Bumgardner	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,055.63

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Description Digital ads			Expenditure Code A-OTH
Name of Candidate Susan C Eastwood	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,092.45
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Sam Belsito	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,185.90
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Tim Curtis	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,204.46
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Scott A Storms	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,409.92
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Laura E Bartok	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,108.71
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Cara C Pavalock	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,217.42
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Liz Linehan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,084.11

Description Digital ads			Expenditure Code A-OTH
Name of Candidate Andrew A Falvey	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,168.22
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Eva Bermudez Zimmerman	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,149.25
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Mitch Bolinsky	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,298.50
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Sean P Ronan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,125.39
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Charles J Ferraro	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,250.78
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Timothy R Bowles	Office Sought (if applicable) State Senator	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$3,301.31
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Heather Somers	Office Sought (if applicable) State Senator	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$6,612.57

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
H. Expenses Incurred on Committee Credit Card - Addendum			
Expenditure Number as reported in Section H H	Total Amount of Expenditure		
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I I	Total Amount of the Expenditure		
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
J. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure Number as reported in Section J J	Total Amount of the Expenditure

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

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SEEC FORM 21

Short Form Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/07



Electronic Filing

Office Use Only

1. NAME OF COMMITTEE

Labor United for Connecticut

2. TREASURER NAME

Title	First	MI	Last	Suffix
Mr	Paul		Filson	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
20 Beverly Rd	West Hartford	CT	06119

4. ELECTION DATE**5. OFFICE SOUGHT (if applicable)****6. DISTRICT CODE (if applicable)****7. CANDIDATE NAME**

Title	First	MI	Last	Suffix

8. TYPE OF REPORT

October 10 Filing - Original

9. PERIOD COVERED

Beginning Date

Ending Date

09/22/2016

thru

09/30/2016

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of \$1000 for the period covered by this Short Form Campaign Finance Disclosure Statement.

Electronic Filing

SIGNATURE

Paul Filson

PRINT NAME OF THE SIGNER

10/04/2016 6:33:31PM

DATE CERTIFIED

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**
Revised May 2016

**Electronic Filing***Do Not Mark in This Space For Official Use Only*

Page 1 of 11

COVER PAGE

1. NAME OF COMMITTEE Labor United for Connecticut		2. ELECTION/REFERENDUM DATE	
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT Initial Contribution or Disbursement - Original			
6. PERIOD COVERED			
Beginning Date 09/12/2016		Ending Date 09/21/2016	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE)	Paul Filson PRINT NAME OF SIGNER	09/22/2016 2:34:12PM DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	Initial Contribution or Disbursement - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$0.00
9. Balance on hand at the beginning of Reporting Period	\$0.00	
10. Monetary Receipts (Section A and B)	\$20,000.00	\$20,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$20,000.00	\$20,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$20,000.00	\$20,000.00
14. Expenses Paid by Committee (Section G)	\$0.00	\$0.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$20,000.00	\$20,000.00
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Initial Contribution or Disbursement - Original

A. Total Contributions from Small Individual Contributors-Received this Period ONLY

Subtotal Section A

\$0.00

(See instructions for definition of Small Individual Contributor)

B. Itemized Monetary Receipts

Name SEIU CT State Council			
Street Address 77 Huyshope Ave		City Hartford	State CT
Zip Code 06106			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$20,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$20,000.00
Description (if applicable) Initial Contribution		Date Received 09/16/2016	Amount Received \$20,000.00
Total of Section B			\$20,000.00
TOTAL OF ALL RECEIPTS (Sections A & B)			\$20,000.00

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Initial Contribution or Disbursement - Original	
C. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		<input type="checkbox"/> Bank	<input type="checkbox"/> Individual	<input type="checkbox"/> Committee	<input type="checkbox"/> Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Total of Section C					

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Initial Contribution or Disbursement - Original
D. In-Kind Contributions	

Name			
Street Address		City	State
Zip Code			
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received
Other	Affiliated Business Entity	Affiliated Organization	Aggregate Receipts
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			

Total of Section D**I. Receipts (Sections A - E)**

NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	Initial Contribution or Disbursement - Original
E. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Amount of Deposit			
Name of Telephone company			
Street Address	City	State	Zip Code
Total of Section E			

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Labor United for Connecticut		Initial Contribution or Disbursement - Original	
F. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Labor United for Connecticut		Initial Contribution or Disbursement - Original	
G. Expenses Paid By Committee			
Name of Payee		Date of Payment	Method of Payment Check # Debit Card EFT
Street Address		City	State Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) If yes, complete Section G. Addendum		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section G Number	Associated with Referendum? Yes No
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		Amount Final or Full Payment Partial with Balance Owing
Total of Section G			

1-800-235-2330

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Initial Contribution or Disbursement - Original	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City		State Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H		Associated with Referendum? Yes No	Amount
Total of Section H					

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Initial Contribution or Disbursement - Original	
I. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum		Description		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No	Amount
Yes	No				
Total of Section I					

20200722123001

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Initial Contribution or Disbursement - Original	
J. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G		
			Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Section J, Addendum		Description		Event #	
Yes No					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J, Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J, Addendum		Purpose of Expenditure (by code)	Expenditure Number Section Number		Associated with Referendum? Yes No
Yes No			J		Amount
Total of Section J					

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Initial Contribution or Disbursement - Original	
K. Five Largest Contributions Disclosed in Communication					
Source of Contribution - Name of Person Making Contribution				Expenditure Number Section Number	
Address of Person Making Contribution - City				State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution				Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Initial Contribution or Disbursement - Original
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
G. Expenses Paid By Committee - Addendum	
Expenditure Number as reported in Section G	Total Amount of the Expenditure
G	

Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
H. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure Number as reported in Section H	Total Amount of Expenditure
H	

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I	Total Amount of the Expenditure		
I			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

Section J. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
J. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure Number as reported in Section J J	Total Amount of the Expenditure

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

20200715120001

SEEC FORM 40**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Revised May 2016



Electronic Filing

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Page 1 of 18

COVER PAGE

1. NAME OF COMMITTEE Labor United for Connecticut		2. ELECTION/REFERENDUM DATE	
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original			
6. PERIOD COVERED			
Beginning Date 10/31/2016		Ending Date thru 12/06/2016	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE)	Paul Filson PRINT NAME OF SIGNER	12/07/2016 9:48:22PM DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$103,364.26	
10. Monetary Receipts (Section A and B)	\$6,071.32	\$178,071.32
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$6,071.32	\$178,071.32
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$109,435.58	\$198,071.32
14. Expenses Paid by Committee (Section G)	\$109,435.58	\$198,071.32
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$0.00	\$0.00
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)																																						
NAME OF COMMITTEE (As reported on Page 1, Line 1) Labor United for Connecticut			TYPE OF REPORT Termination Report for Independent Expenditure Pol																																			
A. Total Contributions from Small Individual Contributors-Received this Period ONLY <small>(See instructions for definition of Small Individual Contributor)</small>			\$0.00																																			
Subtotal Section A																																						
B. Itemized Monetary Receipts																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5">Name SEIU</td> </tr> <tr> <td colspan="2">Street Address 1800 Massachusetts Ave NW</td> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20036</td> </tr> <tr> <td colspan="2">Principal Occupation (if applicable)</td> <td colspan="3">Name of Employer (if applicable)</td> </tr> <tr> <td colspan="2"> Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization </td> <td colspan="3"> Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous </td> </tr> <tr> <td colspan="2"> Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # </td> <td colspan="2"> Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order </td> <td> Aggregate Receipts \$6,071.32 </td> </tr> <tr> <td colspan="2"> Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td colspan="2"> Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative </td> <td rowspan="2"> Amount Received \$6,071.32 </td> </tr> <tr> <td colspan="2"> Description (if applicable) Contribution </td> <td colspan="2"> Date Received 11/01/2016 </td> </tr> </table>					Name SEIU					Street Address 1800 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036	Principal Occupation (if applicable)		Name of Employer (if applicable)			Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous			Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$6,071.32	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$6,071.32	Description (if applicable) Contribution		Date Received 11/01/2016	
Name SEIU																																						
Street Address 1800 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036																																		
Principal Occupation (if applicable)		Name of Employer (if applicable)																																				
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous																																				
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$6,071.32																																		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$6,071.32																																		
Description (if applicable) Contribution		Date Received 11/01/2016																																				
Total of Section B				\$6,071.32																																		
TOTAL OF ALL RECEIPTS (Sections A & B) (Total on Line 10 of Summary Page)				\$6,071.32																																		

I. RECEIPTS (Section A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1) Labor United for Connecticut			TYPE OF REPORT Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original	
C. Loans Received this Period				
Name of Lender		Source of Loan: Bank Individual Committee Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Total of Section C.				

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Ordinal
D. In-Kind Contributions	

Name			
Street Address		City	State Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received
Other	Affiliated Business Entity	Affiliated Organization	Aggregate Receipts
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			

Total of Section D

I. Receipts (Sections A - E)

NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Ordinal
E. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			
Total of Section E			

CONNECTICUT

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committee (Non Standard) - Original

F. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

G. Expenses Paid By Committee

Name of Payee TD Bank		Date of Payment 11/01/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$15.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee TD Bank		Date of Payment 11/23/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$30.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Act	
G. Expenses Paid By Committee					
Name of Payee TD Bank			Date of Payment 11/30/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section: G Number:	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$2.00	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section: I Number:		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
Name of Payee Connecticut Healthcare District 1199			Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 77 Huyshope Ave		City Hartford		State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of contribution			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section: G Number:	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$22,090.75	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section: I Number:		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act
G. Expenses Paid By Committee	

Name of Payee UAW Education Fund		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 E Jefferson		City Detroit		State MI	Zip Code 48214
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of contribution		Event # 	
If yes, complete Section G. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$16,568.06	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		
If yes, what is the expenditure number of the expense previously incurred?					

Name of Payee SEIU Local 32BJ PAC		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 196 Trumbull		City Hartford		State CT	Zip Code 06103
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of contribution		Event # 	
If yes, complete Section G. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$16,568.06	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		
If yes, what is the expenditure number of the expense previously incurred?					

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Act	
G. Expenses Paid By Committee					
Name of Payee SEIU CT State Council			Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1015 <input type="checkbox"/> Debit Card <input type="checkbox"/> RFT
Street Address 77 Capitol Ave		City Hartford		State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$16,568.06
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
Name of Payee Congress of Connecticut Community Colleges			Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1016 <input type="checkbox"/> Debit Card <input type="checkbox"/> RFT
Street Address 907 Wethersfield Ave .		City Hartford		State CT	Zip Code 06114
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$11,045.37
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

G. Expenses Paid By Committee

Name of Payee CSEA		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1017 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 760 Capitol Ave		City Hartford	State CT	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$11,045.37
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

Name of Payee CEUI		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1018 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 110 Randolph Rd		City Middletown	State CT	Zip Code 06457
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5,522.69
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act
G. Expenses Paid By Committee	

Name of Payee Connecticut State University AAUP		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1019 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Marcus White 316		City New Britain	State CT	Zip Code 06050
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5,522.69
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

Name of Payee SEIU		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1800 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$3,352.99
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning	

UNIVERSITY OF CONNECTICUT

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

G. Expenses Paid By Committee

Name of Payee CPFU PAC		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1021 <input type="checkbox"/> Debit Card <input type="checkbox"/> BFT	
Street Address 50 Columbus Blvd		City Hartford		State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution		Event # 	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) 				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF	Expenditure Number Section: G Number:	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,104.54	
In this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section: I Number:		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning		
Total of Section G					\$109,435.58

01/06/2017 11:23:00 AM

III. EXPENDITURES (Sections G - J)**NAME OF COMMITTEE (As reported on Page 1, Line 1)****TYPE OF REPORT**

Labor United for Connecticut

Termination Report for Independent Expenditure
Political Action Committees (Non Standard) -
Ordinary**H. Expenses Incurred on Committee Credit Card****Name of Issuing Institution****Type of Credit Card:**

Visa

Master Card

Discover

American Express

Other

Name of Vendor, Person or Entity**Date of Transaction****Street Address****City****State****Zip Code****If an Independent Expenditure, is it on behalf of
more than one candidate?**

If yes, complete

Section H. Addendum

Yes

No

**Description (only complete if Independent Expenditure has ONE Expenditure Code - if
more than one, Complete Section H. Addendum)****Event #****Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate -
if more than one, Complete Section H. Addendum)****Office Sought****Supported****Opposed****Does Expenditure have more than one
expenditure code? IF yes, complete
Section H. Addendum**

Yes

No

**Purpose of Expenditure
(by code)****Expenditure Number****Section****Number**

H

Associated with Referendum?

Yes

No

Amount**Total of Section H**

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page I, Line I)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Action Committee (Non Standard) - Original	
I. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum			Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number	Associated with Referendum?		Amount
Yes No		I	Yes No		
Total of Section I					

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G		
	Check #	Debit Card	EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

If an Independent Expenditure, is it on behalf of more than one Candidate?		Description	Event #
Yes	No		
		If yes, complete Section J. Addendum	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J, Addendum)	Office Sought	Supported
		Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?		Amount
		Section	Number	Yes	No	
Yes No		I				

Total of Section J		
---------------------------	--	--

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) -

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number	
	Section	Number
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committee (Non Standard) - Original
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
G. Expenses Paid By Committee - Addendum	
Expenditure Number as reported in Section G G	Total Amount of the Expenditure

Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

20200722-1004410001

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H

H

Total Amount of Expenditure

Description

Expenditure Code

Name of Candidate

Office Sought (if applicable)

Supported

Amount Allocated

Opposed

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure Number as reported in Section I

I

Total Amount of the Expenditure

Description

Expenditure Code

Name of Candidate

Office Sought (if applicable)

Supported

Amount Allocated

Opposed

Section J. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

J. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure Number as reported in Section J J	Total Amount of the Expenditure
--	---------------------------------

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

— 200 —

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016**

**Electronic Filing**Do Not Mark In This Space For Official Use Only

Page 1 of 15

COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Labor United for Connecticut			
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT			
24 Hour Independent Expenditure General Election 4 - Original			
6. PERIOD COVERED			
Beginning Date 10/21/2016		Ending Date 10/25/2016	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE)	Paul Filson PRINT NAME OF SIGNER	10/26/2016 3:32:23PM DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Original	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$126,537.54	
10. Monetary Receipts (Section A and B)	\$10,000.00	\$172,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$10,000.00	\$172,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$136,537.54	\$192,000.00
14. Expenses Paid by Committee (Section G)	\$37,500.01	\$92,962.47
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$99,037.53	\$99,037.53
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4

A. Total Contributions from Small Individual Contributors-Received this Period ONLY

Subtotal Section A

\$0.00

(See instructions for definition of Small Individual Contributor)

B. Itemized Monetary Receipts

Name Connecticut State Employees Assoc.				
Street Address 760 Capitol Ave		City Hartford	State CT	Zip Code 06106
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Other <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$20,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$10,000.00
Description (if applicable) Contribution		Date Received 10/21/2016		\$10,000.00
Total of Section B				\$10,000.00
TOTAL OF ALL RECEIPTS (Sections A & B)				\$10,000.00

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT		
Labor United for Connecticut		24 Hour Independent Expenditure General Election 4 - Original		
C. Loans Received this Period				
Name of Lender		Source of Loan: Bank Individual Committee Other		Date of Receipt
Street Address		City	State	Zip Code
Name of Cosigner/Guarantor (if applicable)				Is there a cosigner or Guarantor of this loan? Yes No
Street Address				Amount Received
City				
State				
Zip Code				
Total of Section C				

I. RECEIPTS (Sections A-E)	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Original
D. In-Kind Contributions	

Name			
Street Address		City	State Zip Code
Type of Contributor:	Individual / Sole Proprietorship Committee	Date Received	Aggregate Receipts
Other	Affiliated Business Entity Affiliated Organization		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Yes No Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			

Total of Section D

I. Receipts (Sections A - E)	
NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Original
E. Refundable Deposit to Telephone Company	

Last Name of Individual		First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section E				

II. EVENT ACTIVITY (Sections F)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Labor United for Connecticut			24 Hour Independent Expenditure General Election 4 - Original	
F. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code

III. EXPENDITURES (Sections G - J)									
NAME OF COMMITTEE (As reported on Page 1, Line 1)						TYPE OF REPORT			
Labor United for Connecticut						24 Hour Independent Expenditure General Election 4 - Original			
G. Expenses Paid By Committee									
Name of Payee DKC					Date of Payment 10/21/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 261 5th Ave				City New York		State NY		Zip Code 10016	
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If yes, complete Section G. Addendum Digital ads			Description (only complete if Independent Expenditure has ONE Expenditure Code - If more than one, Complete Section G. Addendum) Event #			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)						Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) A-WEB		Expenditure Number Section Number G 228313		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$37,500.01	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owning					
Total of Section G								\$37,500.01	

III. EXPENDITURES (Sections G - J)**NAME OF COMMITTEE (As reported on Page 1, Line 1)****TYPE OF REPORT**

Labor United for Connecticut

24 Hour Independent Expenditure General Election
4 - Original**H. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other			
Name of Vendor, Person or Entity					Date of Transaction
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H, Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H, Addendum)			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H, Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H, Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H		Associated with Referendum? Yes No	Amount
Total of Section H					

2025 RELEASE UNDER E.O. 14176

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 4 - Original	
I. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum			Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No	Amount
Yes No					
Total of Section I:					

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
		Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Section J. Addendum Yes No		Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)		Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number J		Associated with Referendum? Yes No Amount

Total of Section J**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Original

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number Section Number	
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Original
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

1-UTD-WV-2023-0001

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT
Labor United for Connecticut		24 Hour Independent Expenditure General Election 4 - Original
G. Expenses Paid By Committee - Addendum		
Expenditure Number as reported in Section G	Total Amount of the Expenditure	
G 228313	\$37,500.01	

Description Digital ads			Expenditure Code A-WEB
Name of Candidate Saud Anwar	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$289.36
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Tom Delnicki	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,883.95
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Elizabeth "Betty" A Boukus	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$2,168.45
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Joshua C Shulman	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$285.30
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Gary P Byron	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,857.41

NOTED: 11/13/2021

Description Digital ads			Expenditure Code A-WEB
Name of Candidate Sharon M Palmer	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$316.57
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Kathleen M McCarty	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,062.01
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Christine Conley	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$208.29
Description Digital ads			Expenditure Code A-WEB
Name of Candidate John F Scott IV	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,353.36
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Joseph B de la Cruz	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$279.03
Description Digital ads			Expenditure Code A-WEB
Name of Candidate aun	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,803.82
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Susan C Eastwood	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$305.06

Description Digital ads			Expenditure Code A-WEB
Name of Candidate Sam Beisito	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,973.18
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Tim Curtis	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$349.91
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Scott A Storms	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,264.46
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Laura E Bartok	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$311.58
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Cara C Pavalock	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,015.44
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Liz Linehan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$301.75
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Andrew A Falvey	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,951.49

Description Digital ads			Expenditure Code A-WEB
Name of Candidate Eva Bermudez Zimmerman	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$327.83
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Mitch Bollinsky	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,120.80
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Sean P Ronan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$318.25
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Charles J Ferraro	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,058.81
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Timothy R Bowles	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,188.63
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Heather Somers	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$7,716.07
Description Digital ads			Expenditure Code A-WEB
Name of Candidate Russell A. Morin	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$216.67

Description Digital ads		Expenditure Code A-WEB	
Name of Candidate Mike J Hurley	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,572.51

Section H. ADDENDUM	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
H. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure Number as reported in Section H H	Total Amount of Expenditure

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I I		Total Amount of the Expenditure	
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT
J. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure Number as reported in Section J J		Total Amount of the Expenditure	
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016**

**Electronic Filing***Do Not Mark in This Space For Official Use Only*

Page 1 of 19

COVER PAGE

1. NAME OF COMMITTEE Labor United for Connecticut		2. ELECTION/REFERENDUM DATE	
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT 24 Hour Independent Expenditure General Election - Amendment			
6. PERIOD COVERED			
Beginning Date 10/01/2016		Ending Date thru 10/13/2016	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE)	Paul Filson PRINT NAME OF SIGNER	10/21/2016 11:46:57AM DATE CERTIFIED (mm/dd/yyyy)	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$20,000.00	
10. Monetary Receipts (Section A and B)	\$122,000.00	\$122,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$122,000.00	\$122,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$142,000.00	\$142,000.00
14. Expenses Paid by Committee (Section G)	\$48,775.96	\$48,775.96
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$93,224.04	\$93,224.04
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Labor United for Connecticut	TYPE OF REPORT 24 Hour Independent Expenditure General Election -
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A. Total Contributions from Small Individual Contributors-Received this Period ONLY (See instructions for definition of Small Individual Contributor)	Subtotal Section A	\$0.00
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B. Itemized Monetary Receipts

Name CPFU -PAC			
Street Address 50 Columbus Blvd		City Hartford	State CT
Zip Code 06106			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$2,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description (if applicable) Contribution		Date Received 10/12/2016	\$2,000.00

Name Congress of Connecticut Community Colleges			
Street Address 907 Wethersfield Ave		City Hartford	State CT
Zip Code 06114			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$20,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description (if applicable) Contribution		Date Received 10/08/2016	\$20,000.00

Name SEIU Local 32BJ PAC			
Street Address 196 Trumbull		City Hartford	State CT
Zip Code 06103			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) Contribution		Date Received 10/07/2016	
		Aggregate Receipts \$30,000.00	
		Amount Received \$30,000.00	

Name Connecticut State Employees Assoc.			
Street Address 760 Capitol Ave		City Hartford	State CT
Zip Code 06106			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) contribution		Date Received 10/06/2016	
		Aggregate Receipts \$10,000.00	
		Amount Received \$10,000.00	

Name Connecticut Healthcare District 1199			
Street Address 77 Huyshope Ave .		City Hartford	State CT
Zip Code 06106			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$40,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description (if applicable) Contribution		Date Received 10/05/2016	\$40,000.00

Name Connecticut State University American Assoc. of Univ Profs			
Street Address CCSU Marcus White 316		City New Britain	State CT
Zip Code 06050			
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$10,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description (if applicable) Contribution		Date Received 10/05/2016	\$10,000.00

Name CEUI			
Street Address 110 Randolph Rd		City Middletown	State CT
Zip Code 06457		Principal Occupation (if applicable)	
Name of Employer (if applicable)			
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Aggregate Receipts \$10,000.00			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received	
Description (if applicable) Contribution		Date Received 10/05/2016	
		\$10,000.00	

Name CEUI			
Street Address 440 Randolph Rd		City Middletown	State CT
Zip Code 06457		Principal Occupation (if applicable)	
Name of Employer (if applicable)			
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization		Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Aggregate Receipts \$0.00			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received	
Description (if applicable) Contribution		Date Received 10/05/2016	
		\$10,000.00	

Total of Section B		\$122,000.00
TOTAL OF ALL RECEIPTS (Sections A & B)		\$122,000.00
(Total on Line 10 of Summary Page)		

UNCLASSIFIED

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment

C. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt
		Bank	Individual	Committee	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?		
				Yes No		
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address	City	State	Zip Code			
					Total of Section C	

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment

D. In-Kind Contributions

Name					
Street Address		City	State	Zip Code	
Type of Contributor:		Date Received	Aggregate Receipts		
Individual / Sole Proprietorship	Committee				
Other	Affiliated Business Entity	Affiliated Organization			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof?		Yes No	Fair Market Value of this Contribution
		If yes, indicate which branch or branches of government the contract is with:		Executive Legislative	
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution			
If yes, list Event#					

Total of Section D

I. Receipts (Sections A - E)	
NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment
E. Refundable Deposit to Telephone Company	

Last Name of Individual		First Name		MI	Date Deposit Made
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone company					
Street Address		City	State	Zip Code	
Total of Section E					

II. EVENT ACTIVITY (Sections F)	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment
F. Event Information	

Event # Date of Event	Letter	Description	Was this a fundraising event?	
			Yes	No
Location: Street Address		City	State	Zip Code

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amend
G. Expenses Paid By Committee	

Name of Payee TD Bank		Date of Payment 10/01/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St.		City West Hartford		State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="font-size: small;">If yes, complete Section G. Addendum</div>		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Checking account fee			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$25.95	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee DKC		Date of Payment 10/13/2016		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 261 5th Ave		City New York		State NY	Zip Code 10016
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div style="font-size: small;">If yes, complete Section G. Addendum</div>		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Digital Ads			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) A-OTH	Expenditure Number Section G Number 223719	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$48,750.01	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Total of Section G**\$48,775.96**

III. EXPENDITURES (Sections G-J)						
NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYPE OF REPORT	
Labor United for Connecticut					24 Hour Independent Expenditure General Election - Amendment	
H: Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor, Person or Entity					Date of Transaction	
Street Address				City		State Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)			Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)				Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H		Associated with Referendum? Yes No		Amount
Total of Section H						

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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election - Amendment	
I. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an independent expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I Addendum		Description		Event #	
Name of Candidate (only complete if independent expenditure is on behalf of ONE candidate - if more than one, Complete Section I Addendum)				Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No	Amount
Yes	No				
Total of Section I					

2020 RELEASE UNDER E.O. 14176

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G		
			Check #	Debit Card	RPT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Section J, Addendum		Description		Event #	
Yes	No				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J, Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J, Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number		Associated with Referendum? Yes No	Amount
Yes	No	J			
Total of Section J					

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number Section Number	
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Amendment
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

2025 RELEASE UNDER E.O. 14176

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT
Labor United for Connecticut		24 Hour Independent Expenditure General Election - Amendment
G. Expenses Paid By Committee - Addendum		
Expenditure Number as reported in Section G	Total Amount of the Expenditure	
G	\$48,750.01	

Description Digital ads			Expenditure Code A-OTH
Name of Candidate Saud Anwar	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,060.36
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Tom Delnicki	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,121.71
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Elizabeth "Betty" A Boukus	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,055.82
Description Digital ads			Expenditure Code A-OTH
Name of Candidate William A Petit Jr	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,112.63
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Joshua C Shulman	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,050.12

Description Digital ads			Expenditure Code A-OTH
Name of Candidate Gary P Byron	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,101.23
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Sharon M Palmer	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,129.08
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Kathleen M McCarty	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,259.17
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Christine Conley	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$855.65
Description Digital ads			Expenditure Code A-OTH
Name of Candidate John Scott 2016	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,712.31
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Joe De La Cruz 2016	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,027.31
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Aundre P Bumgardner	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,055.63

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Description Digital ads			Expenditure Code A-OTH
Name of Candidate Susan C Eastwood	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,092.45
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Sam Belsito	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,185.90
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Tim Curtis	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,204.46
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Scott A Storms	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,409.92
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Laura E Bartok	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,108.71
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Cara C Pavalock	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,217.42
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Liz Linehan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,084.11

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Description Digital ads			Expenditure Code A-OTH
Name of Candidate Andrew A Falvey	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,168.22
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Eva Bermudez Zimmerman	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,149.25
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Mitch Bollnsky	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,298.50
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Sean P Ronan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,125.39
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Charles J Ferraro	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,250.78
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Timothy R Bowles	Office Sought (if applicable) State Senator	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$3,301.31
Description Digital ads			Expenditure Code A-OTH
Name of Candidate Heather Somers	Office Sought (if applicable) State Senator	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$6,612.57

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Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
H. Expenses Incurred on Committee Credit Card - Addendum			
Expenditure Number as reported in Section H	Total Amount of Expenditure		
H			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I	Total Amount of the Expenditure		
I			
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

J. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure Number as reported in Section J J	Total Amount of the Expenditure
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Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated